



Eastern Kentucky University  
Serving Kentuckians Since 1906

# MODEL LABORATORY SCHOOL – ACCIDENT REPORT FORM

## ACCIDENT PROCEEDURES:

1. Give Immediate Care – First Aid (Call 911 if necessary)
2. Notify Central Office – They Will Notify Parents
3. Place Child under Parent’s Care, or a Physician Designated by Parents
4. Fill Out and Print 2 Copies of the Accident Report Form
5. Send 1 Copy to the Central Office, Teacher Should Keep the Other Copy

## I. Individual Involved In Accident

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Sex: Male Female Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

## II. Accident Details

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_  
 Exact Location of Accident: \_\_\_\_\_  
 Activity of Student at Time of Accident: \_\_\_\_\_  
 School Employee in Charge: \_\_\_\_\_  
 Describe The Accident Fully: \_\_\_\_\_

Details of Injury: \_\_\_\_\_

Was Another Person Involved? Yes No Name: \_\_\_\_\_  
 Property Damage? Yes No If Yes, Estimate Cost: \$ \_\_\_\_\_

Witness(es): \_\_\_\_\_ Name \_\_\_\_\_ Phone Number \_\_\_\_\_

(Continued On Other Side)



